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SEYFARTH SHAW LLP  
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Carolyn Wilson	(Depositor's name)
<i>Carolyn Wilson</i>	(Signature)
Oct. 3, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,021	11/24/2003	Michael G. Hoeting	431591	3966

TITLE OF INVENTION: VESSEL WITH MEASURING CAPABILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/18/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
FULTON, CHRISTOPHER W	2859	033-427000

10/11/2006 TBESHAH2 00000391 10721021  
01 FC:1501 1400.00 0P

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Seyfarth Shaw LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Helen of Troy LimitedSt. Michael, Barbados

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1351 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date October 3, 2006

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Harold V. StotlandRegistration No. 24,492

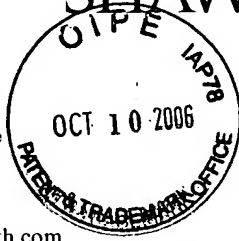
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October 3, 2006

Mail Stop Issue Fee  
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CUSTOMER NO. 27717

Re: Helen of Troy Limited  
Matter 431591  
Application for Reissue Patent for VESSEL WITH MEASURING CAPABILITY  
Application No. 10/721,021

Dear Sir:

Transmitted for filing herewith are Issue Fee Transmittal form, check in the amount of \$1,400 and return postcard.

Please charge any additional fees or credit any overpayment to Deposit Account No. 19-1351.

Sincerely yours,

SEYFARTH SHAW LLP

Harold V. Stotland

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CHI 11102631.5

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Carolyn Wilson

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